

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION **COMMUNICATIONS SERVICES TAX**

APPLICATION FOR RESALE

NAME OF COMPANY/RETAILER		RESALE CERTIFICATE NUMBER (office use only)
NUMBER & STREET ADDRESS		COMMUNICATIONS TAX REGISTRATION NUMBER
ADDRESS (CONTINUED)		FEDERAL EMPLOYER IDENTIFICATION NUMBER
CITY/TOWN, STATE & ZIP CODE		SOCIAL SECURITY NUMBER
	pelieve that your purchases of communications s as a resale of communications services. (Attach a	ervices are exempt from the communications services tax additional pages, if necessary.)
Provide a statement which indicates the professor of your own administrative purposes. (At	ercentage of line usage that is resold and whether tach additional pages, if necessary.)	your purchased communications services are used for any
You shall pay the communications service		ant you a resale certificate for issuance to another retailer You will be allowed a credit on your retailers tax return or old as a percentage of services purchased.
Provide an explanation of how you calcula	ated the resale percentage.	
	SIGNATURE (IN INK) OF AUTHORIZED REPRESENTATIVE	
	DATE	
	NH DEPT OF REVENUE ADMINIS	TRATION

NH DEPT OF REVENUE ADMINISTRATION
MAIL
AUDIT DIVISION
TO: PO BOX 457

CONCORD NH 03302-0457